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| Tentative Participant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (0)                                                         |                                   |               |             |  |
| (1) Robert F. Gnuse,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             |                                   |               |             |  |
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| Type of Interview Rec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | quested:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                             |                                   |               |             |  |
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| Exhibit To Be Shown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | or Demonstrated:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | YES                                                         | s                                 | o             |             |  |
| If yes, provide brief d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | escription:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                             |                                   | <del></del>   |             |  |
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| Issues<br>(Rej., Obj., etc)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Claims/<br>Fig. #s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Prior<br>Art                                                | Discussed                         | Agreed        | Not Agreed  |  |
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| Continuation S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | heet Attached                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                             |                                   |               |             |  |
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| NOTE: This form she                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | applicant and submitte                                      |                                   |               |             |  |
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## PROPOSED AMENDMENT - DO NOT ENTER

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Ku, Tse-Fen Examiner: MEJIA, ANTHONY

Application No.: 10/645,597 | Art Unit: 2451

Filed: 22 Aug 2003 Confirmation Number: 9470

Title: DATA TRANSMISSION SYSTEM FOR LINKING MULTIPLE EXERCISE FACILITIES

Attorney Docket No.: 2450/0497P

## MS AMENDMENT

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

## PROPOSED AMENDMENT

## Dear Sir:

In response to the Office Action of 1 Apr 2009, the following amendments and remarks are provided:

Amendments to the Claims; and

Remarks.

Application No. 10/645,597 Attorney Docket No. 2450/0497P Proposed Response to Office Action dated 1 Apr 2009 – DO NOT ENTER Page 2 of 6

## **AMENDMENTS TO THE CLAIMS**

This listing of claims replaces all previous listings.

- 1. (Cancelled).
- 2. (Currently Amended) The data transmission system of claim 1A data transmission system for linking multiple exercise facilities, comprising;

at least one exercise facility which has a measurement device mounted thereon for capturing data; and

<u>a transmission circuit having one end connecting to the exercise facility and other end</u> <u>connecting to a microprocessor;</u>

wherein the transmission circuit connects the exercise facility and the microprocessor to transmit exercise data in a two-way manner to record and track detailed data results of every exercise performed by users over time;

wherein the microprocessor transmits the exercise data through Internet to another microprocessor.

3. The data transmission system of claim 1, A data transmission system for linking multiple exercise facilities, comprising;

at least one exercise facility which has a measurement device mounted thereon for capturing data; and

a transmission circuit having one end connecting to the exercise facility and other end connecting to a microprocessor;

wherein the transmission circuit connects the exercise facility and the microprocessor to transmit exercise data in a two-way manner to record and track detailed data results of every exercise performed by users over time;

wherein the microprocessor transmits the exercise data through a disk to another microprocessor.

Application No. 10/645,597 Attorney Docket No. 2450/0497P Proposed Response to Office Action dated 1 Apr 2009 – DO NOT ENTER Page 3 of 6

4. (Currently Amended) A data transmission system for linking multiple exercise facilities, comprising:

at least one exercise facility which has a data reader including a slot; and a storage device housed in the slot of the data reader for reading data stored in the data reader;

wherein the storage device has at least one <u>preset</u> memory buffer which forms storage segments according to properties of different exercise facilities.

5. (New) The data transmission system of claim 4, further comprising a microprocessor connected to said storage device for processing data and reference values of users.

6 (New) The data transmission system of claim 4, wherein the properties of different exercise facilities include at least one of speed buffer, distance buffer, time buffer, lifting time buffer and pound buffer.

7 (New) The data transmission system of claim 4, wherein the data reader records user data after an exercise is finished.

8 (New) The data transmission system of claim 4, wherein the data reader is a display instrument mounted on a handle of the exercise facility.

9 (New) The data transmission system of claim 4, wherein the data reader is a detection element on a weight of the exercise facility.

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#### REMARKS

This proposed amendment is in response to the pre-interview communication issued as part of a first action interview pilot program.

Favorable reconsideration of this application, as presently amended, is respectfully requested. Claims 2-9 are now active in this application. New claims 5-9 have been added. Claim 1 was cancelled and claims 2 and 3 rewritten in independent form.

# Rejection under 35 USC 112

Claim 1 was rejected under 35 USC 112, second paragraph as being vague. The examiner felt that the phrase "long term basis" was objectionable. Claim 1 has been cancelled rendering this rejection moot. In rewriting claims 2 and 3 to include claim 1, this phrase has been changed to "over time".

## Rejection under 35 USC 102

Claim 1 was rejected under 35 USC 102 as being anticipated by Watterson et al (US published application 2002/0045519). This rejection is respectfully traversed. Claim 1 has been cancelled, rendering this rejection moot.

## Rejections under 35 USC 103

Claims 2 and 3 were rejected under 35 USC 103 as being obvious over Watterson et al in view of Brown et al (US patent 6702719). Claim 4 was rejected under 35 USC 103 as being obvious over Watterson et al (US published application 2002/0022551). These rejections are respectfully traversed.

In regard to claims 2 and 3, the examiner states that Watterson ('519) shows a data transmission system for linking multiple exercise facilities, but does not show the steps of transmitting the data through the internet or a disk. The examiner relies on Brown et al to show these features. Applicant submits that these features are not seen by Brown et al and are not obvious thereover.

Brown shows a monitor 40 connected to a processor 48 through the internet or to storage device 46. Claims 2 and 3 require 2 microprocessors. The monitor 40 of Brown is not a microprocessor, but merely a monitor. Brown shows the monitor of the exercise device connected through the internet to a microprocessor, but does not show a microprocessor connected through the internet to another microprocessor. Thus claim 2 defines over these references.

Claim 3 describes the transmission of data from one microprocessor to another by a disk. While Brown shows the storage of data in a storage device (which could conceivably be a disk), it does not show the transmission of data from one microprocessor to another using a disk. Accordingly, claim 3 is allowable.

In regard to claim 4, the examiner states that the Brown reference shows a transmission system for linking exercise facilities, but does not show a storage device housed in the slot of the data reader. The examiner relied on Watterson ('551) to show a memory stick used to store data.

However, the examiner has failed to show the formation of storage segments according to properties of different exercise facilities as is now claimed. Applicant has reviewed the two cited paragraphs and does not see these features described. Applicant has also added the term "preset" to describe the memory buffer. This is disclosed on page 6, line 10. Applicant submits that this feature is also not seen in the reference.

New claims 5-9 have been added to describe various other features of the embodiment of Figures 3 and 4. These features are described in the specification from page 5, line 19 to page 6, line 21. No new matter has been added. These features are also not seen in the references.

#### Conclusion

In view of the foregoing amendments and remarks, it is believed that the application is in condition for allowance. If the examiner believes that any further amendments would place the application in better condition for allowance, the examiner is invited to contact the undersigned attorney at the telephone number listed below.

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If necessary, the Commissioner is hereby authorized in this, concurrent, and future replies, to charge payment or credit any overpayment to Deposit Account No. 50-3828 for any additional fees required under 37 C.F.R. §§ 1.16 or 1.17; in particular, extension of time fees.

| Date: | Respectfully submitted, |
|-------|-------------------------|
|       |                         |

Joe McKinney Muncy Attorney/Agent for Applicant(s) Reg. No. 32334

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